


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

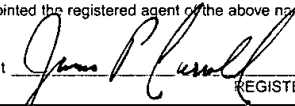
DOCUMENT # L99000007247 1. Limited Liability Company's Name Appalachian Corkscrew, LLC			
2. Principal Office Address 12734 Kenwood Lane Suite, Apt. #, etc. Suite 35 City & State Ft. Myers, FL Zip 33907		3. Mailing Office Address 12734 Kenwood Lane Suite, Apt. #, etc. Suite 35 City & State Ft. Myers, FL Zip 33907	

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 10/26/99	
6. FEI Number 31-1669599	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

\$500 Additional Fee required for a Certificate of Status

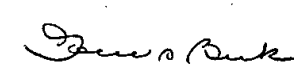
REINSTATEMENT 2001

8. Name and Address of Current Registered Agent			
Name James P. Carroll			
Street Address (P.O. Box Number is Not Acceptable) 12734 Kenwood Lane Suite, Apt. #, Etc. Suite 35 City Ft. Myers			
State FL	Zip Code 33907	300004685283-3 11/16/01-01051-024 ***150.00 ***150.00	

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.	
Signature of Registered Agent 	Date 10/30/01

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mbr	Appalachian Oil Corporation	12734 Kenwood Lane	Ft. Myers, FL 33907
Mbr	Jack Amar	4825 Griffin Blvd	Ft. Myers, FL 33908
Mbr	Glen E. VanSlyke, Jr. Trustee	9803 Clark Lake Circle	Naples, FL 34101
Mbr	Haskel Ayers	P. O. Box 1467	Lafollette, TN 37766

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.	
Signature of Managing Member/Manager 	Date 10/30/01 Daytime Phone # 561-997-2325
Typed or printed name of signing Managing Member/Manager Louis S. Beck, President	

CR2ED41 (9/01)